

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 108P4555

FILING DATE 03-30-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		2				
21		2				
22		2				
23		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	30					
TOTAL CLAIMS	32					

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